#1R - Application & Enrollment Information

Community Christian Academy

Today's Date: _____/_____/_____

This Application is for Returning Students Only

General Information (*Must be completed by all returning applicants*)

Name of Student: _____
(*Last Name*) (*First Name*) (*Middle Name*)

Student E-Mail: _____

Student Cell Phone #: _____

Home Address: _____

City: _____ State:_____ Zip Code: _____

Mailing Address (*if different*): _____

SECTION 1: Student Information Verification

Has any student information changed from the last year enrollment information? ❑ Yes ❑ No

If yes, please state any changes: _____

_____

SECTION 2: Parent/Guardian Information Verification

Has any parent/guardian or home information changed from the last year enrollment information?

❑ Yes ❑ No If yes, please state any changes: _____

_____

_____

CCA is a ministry of Community Baptist Church and is designed to support qualified parents who feel the need to give their children a quality education with a Christian emphasis. The church will

not accept any liability for incorrect statements about the above information. **All information on this form will be considered confidential information.**

We, the parents, understand and agree that we are the persons ultimately responsible for the education of our children. In keeping with this we agree to exercise diligence in following the guidelines and requirements of Community Christian Academy.

Please Note: *This application must be filled out completely before it can be processed.*

Father/Guardian Signature: _____ Date ____/____/____

Mother/Guardian Signature: _____ Date ____/____/____